

## Waiver Application Form for Workshops

**\*Please note this form is for DPH/HIV Counselor/Educator certificate only. Use new waiver form for every workshop requesting.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ e-mail address \_\_\_\_\_

Send form to: Dorine Testori  
AIDS and Chronic Diseases Section  
Department of Public Health  
410 Capitol Ave., MS #11 APV  
Hartford, CT 06134-0308

**Please check off one box for workshop waiver:**

- ☐ Required Workshop  
☐ Elective Workshop

**Check type of certification you are requesting credit for:**

- ☐ HIV Prevention Counselor Certificate  
☐ HIV AIDS Prevention Educator Certificate

Date of Training \_\_\_\_\_ (must be within the last three (3) years)

Title of Training \_\_\_\_\_

Name of Sponsoring Organization \_\_\_\_\_

Name and qualifications of trainer(s) \_\_\_\_\_

Number of hours (not including lunch and breaks) – a minimum of six is required \_\_\_\_\_

**Learning Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Your description of the course** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach proof of your attendance and completion (copy of a certification, letter and attendance, etc)**

**p: dorine/waiverform.doc**